



**VSHP**  
Volunteer State Health Plan

1 Cameron Hill Circle  
Chattanooga, TN 37402

vshptn.com



**Verification of TennCare Eligibility**  
**Please Fax This Form To 1-866-504-6356**

<b>Date Faxed:</b>				<b>Provider Fax Number:</b>					
	<b>Doctor/Facility Name</b>	<b>Provider Number</b>	<b>Member Name</b>	<b>Member Identification Number</b>	<b>Effective Date</b>	<b>Termination Date</b>	<b>Assigned Primary Care Practitioner</b>	<b>Copayment Amount</b>	<b>Medicaid/Standard</b>
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**Disclaimer:** *These benefits are based on the information provided to BlueCare by the Bureau of TennCare. Due to possible contract changes or policy cancellation, final determination will be made when claims are received. This information is subject to change based on eligibility and is ultimately to be determined by the State.*

<b>Signature:</b>	<b>Date:</b>
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Last update May 2009

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